



DEPARTMENT OF INSURANCE  
STATE OF ARIZONA  
Financial Affairs Division - Compliance Section  
2910 North 44<sup>th</sup> Street, Suite 210  
Phoenix, Arizona 85018-7269  
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**ANNUAL STATEMENT INSTRUCTIONS FOR  
DOMESTIC INSURERS AND REINSURERS**  
*(Not applicable to Insurers filing a Health Annual Statement)*

THE INSTRUCTIONS IN THIS FORM ARE APPLICABLE TO THE FOLLOWING TYPES OF DOMESTIC INSURERS AND REINSURERS. YOUR ARIZONA CERTIFICATE OF AUTHORITY DICTATES YOUR COMPANY TYPE.

COMPANY TYPE	DUE DATE
Life / Disability Insurer*	March 31
Life and Disability Reinsurer	March 31
Mechanical Reimbursement Reinsurer	April 1
Mortgage Guaranty Insurer (Only)	March 31
Property / Casualty Insurer*	March 31
Title Insurer	March 31

\*NOTE: Insurers Filing the Health Annual Statement must use Form E-INSTRUCTION.HEALTH

**SECTION I: THE INSTRUCTIONS PROVIDED BELOW ARE APPLICABLE TO ALL OF THE COMPANY TYPES LISTED ABOVE, UNLESS NOTED OTHERWISE.**

**1. N.A.I.C. FILING REQUIREMENTS - A.R.S. § 20-234 NOT APPLICABLE TO LIFE AND DISABILITY REINSURER OR MECHANICAL REIMBURSEMENT REINSURER**

The following must be received at the N.A.I.C. not later than **March 1\***. Contact N.A.I.C. Publications Department at (816) 783-8300 for filing instructions or assistance.

- A. **Hard Copy** of the Annual Statement in accordance with specifications
- B. **Annual Statement Diskette or Internet** (electronic) filing.
- C. **Risk Based Capital Report**, hard copy and electronic filing. *Not applicable to monoline Mortgage Guaranty Insurer or Title Insurer.*
- D. Required filing fee

\*March 31 if licensed only in Arizona

**2. ARIZONA FILING - ANNUAL STATEMENT SPECIFICATIONS**

**ONE HARD COPY** 8-1/2" X 14" Statement in two-sided book form is **REQUIRED** and **MUST:**

- A. Include a verified **Actuarial Opinion** signed by a duly qualified actuary ATTACHED to the inside of the front cover.
- B. Include **ORIGINAL, NOTARIZED SIGNATURES** OF AT LEAST TWO (2) EXECUTIVE OFFICERS **WHO ARE LISTED ON THE JURAT PAGE**.
- C. Be **securely bound** in proper NAIC color jacket (a stapled book will not be accepted as a Bound Book).
- D. Include the **Arizona State Page** and the **State Page for each jurisdiction** where the Insurer has transacted business – *N/A to Title Insurer.*
- E. Include the **Annual Statement Filings Worksheet** Form E-WORKSHEET.DOMESTIC.

**LIFE/DISABILITY, PROPERTY/CASUALTY, MORTGAGE GUARANTY AND TITLE INSURERS MUST ALSO INCLUDE:**

- F. **ONE DUPLICATE Annual Statement stamped "COPY"** on the front cover, with
  - i. Actuarial Opinion, **stamped "copy"**
  - ii. The Arizona State Page and the State Page for each jurisdiction where the Insurer has transacted business - *not applicable to Title Insurer.*
  - iii. Management Discussion and Analysis Report with Transmittal Form E-MDA, **stamped "copy"**
  - iv. Form E-WORKSHEET.DOMESTIC, **stamped "copy"**

**DO NOT FILE A DISKETTE WITH THIS DEPARTMENT**

**3. MANAGEMENT DISCUSSION AND ANALYSIS REPORT**

**File with the NAIC and this Department**, a Management Discussion and Analysis Report in accordance with current NAIC Annual Statement Instructions **not later than April 1**. This Report is considered a part of the Annual Statement and failure to timely file may result in late filing penalty assessment. **Form E-MDA MUST be completed and affixed to the front cover of the Report that is filed with this Department.** Please attach the Report, with affixed completed Transmittal Form E-MDA to the Annual Statement Filings Worksheet Form E-WORKSHEET.DOMESTIC.

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**4. CERTIFICATE OF DISCLOSURE FORM E-178 – NOT APPLICABLE TO MECHANICAL REIMBURSEMENT REINSURERS**

This form should be **directed immediately** to EXECUTIVE OFFICERS or DIRECTORS, WHO ARE LISTED ON THE JURAT PAGE for complete execution and notarized original signatures. Incomplete certificates will be returned for completion and may result in statutory penalty of up to \$25 per day and/or other disciplinary action by this Department. Attach the Form E-178 to the Annual Statement Filings Worksheet Form E-WORKSHEET.DOMESTIC.

**5. ANNUAL AUDITED FINANCIAL REPORT**

File with the NAIC and this Department, an Annual Audited Financial Report prepared on a **Statutory** Accounting basis, as a supplement to the Annual Statement **on or before June 1** in accordance with the current NAIC Annual Statement Instructions. **Form E-AFR MUST be completed and affixed to the front cover of the Report that is filed with this Department.** If this Report is available to be filed with the Annual Statement, please attach the Report with affixed completed Transmittal Form E-AFR to the Annual Statement Filings Worksheet Form E-WORKSHEET.DOMESTIC.

**6. HOLDING COMPANY SYSTEM REGISTRATION STATEMENT – FORM B and FORM C**

Annual Insurance Holding Company System Registration Statement Form B, including Summary of Changes Form C, is **due on March 31**. See Form E-185 for instructions to complete this filing. **Holding Company System Registration Statement filings must be sent UNDER SEPARATE MAILING TO ATTENTION: COMPLIANCE SECTION.**

**7. THE FOLLOWING EXHIBITS AND REPORTS, AS APPLICABLE, MUST BE SENT UNDER SEPARATE MAILING TO ATTENTION: LIFE AND HEALTH DIVISION, at the street address listed above. DO NOT mail these forms in the Annual Statement envelope.** Phone (602) 364-2393 for assistance.

- 1) Pursuant to A.R.S. § 20-1602 and A.A.C. R20-6-604.07:
  - a. **Credit Insurance Experience Exhibits (due April 1).** Direct business only - excludes assumed. Must be filed for Arizona only. A "NO" response to the Question on Page 1, make Pages 2 through 7 unnecessary.
  - b. **Credit Life and Disability Insurance Experience Reports (due April 1).** To be filed by insurers transacting credit insurance business in Arizona. Forms are prescribed in A.A.C. R20-6-604.07. These forms can be found on our web site at <http://www.id.state.az.us/insurers.html> by scrolling down to heading "Surveys and Other Reporting Forms" and click on "Life and Health Reporting Division Forms."
- 2) **Actuarial Certification of Rates for Small Employer Health Benefits Plans** pursuant to A.R.S. § 20-2311(E) (due April 1).
- 3) **Health Insurance Portability and Accountability Act Reports (due March 1).** To be filed by insurers that offer health insurance coverage in the individual market pursuant to A.R.S. § 20-1382. If NOT REQUIRED, please indicate on form. Use Forms HIPAA-3/1, HIPAA-I, HIPAA-II and HIPAA-III. These forms can be found on the Arizona Web Site at <http://www.id.state.az.us/insurers.html> by scrolling down to heading "Surveys and Other Reporting Forms" and click on "Life and Health Reporting Division Forms."

**8. OTHER SUPPLEMENTS AND EXHIBITS, AS APPLICABLE**

The Accident & Health Policy Experience Exhibit **(due April 1)** and any other applicable Annual Statement Supplements and Exhibits as listed on the applicable NAIC filing checklist, must be filed in hard copy form on or before the date specified on the form

**DUE DATES for Annual Statements are as specified on Page 1.** If the due date falls on a Saturday or Sunday, the deadline will be extended to the following Monday for that year only. **STATUTORY PENALTIES FOR LATE FILING AND PAYMENTS WILL BE ENFORCED.**

**PLEASE NOTE OUR "POSTMARK POLICY" APPLICABLE TO STATUTORY FILINGS, AS IT IS ENFORCED BY THIS DEPARTMENT:** To be considered a **TIMELY** filing, the package containing the filing must display validation by the United States Postal Service\* as proof of the date of filing. Courier deliveries must include an invoice bearing the date of courier pick-up. If your package does not provide evidence of a timely mailing it will be considered filed **WHEN RECEIVED** and statutory penalties, where applicable, will be assessed.

\*Postage meter stamps do not qualify.

**CONTINUE TO SECTION II ON PAGE 3 FOR ADDITIONAL FILING REQUIREMENTS**

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**SECTION II: THE FILINGS AND INSTRUCTIONS LISTED BELOW ARE APPLICABLE ONLY TO THE SPECIFIED COMPANY TYPE AND ARE IN ADDITION TO SECTION I REQUIREMENTS**

**1. LIFE / DISABILITY INSURER**

**A. LIFE RISK BASED CAPITAL FILING WITH ARIZONA**

**MUST be filed not later than March 31** with the Arizona Department of Insurance. **DO NOT file diskette.** Instructions are available from the NAIC Publications Department (816) 783-8300.

**B. ADVERTISEMENT OF DISABILITY INSURANCE COMPLIANCE - A.A.C. R20-6-201(R)(2) IF APPLICABLE**

Each insurer engaged in the advertisement of policies defined in A.A.C. R20-6-201 (A)(2) must file with the Annual Statement, a certificate executed by an authorized officer of the insurer which attests that the advertisements which were disseminated by the insurer during the preceding calendar year complied or were made to comply with the provisions of the Arizona insurance laws to the best of his/her knowledge, information and belief.

**2. MECHANICAL REIMBURSEMENT REINSURER - DUE APRIL 1ST**

**A. IF APPLICABLE:** Affidavit of Exemption from filing Actuarial Opinion and copy of the Arizona Insurance Department's Approval letter.

**B. FORM E-MRR.104** Application for Certificate of Authority Renewal **MUST** be properly completed and executed and filed with the Annual Statement.

**C. FORM E-MRR.PLR** Annual Report of Policy and Loss Reserves.

**3. MORTGAGE GUARANTY INSURER (ONLY)**

**A. FORM E-MG.MPP** Mortgage Guaranty Insurers Report of Policyholders Position

**B. FORM E-MG.CEDE** Notice to Mortgage Guaranty Insurers That Cede to Lender Captive Reinsurers

**4. PROPERTY AND/OR CASUALTY INSURER**

**A. PROPERTY/CASUALTY RISK BASED CAPITAL REPORT FILING WITH ARIZONA**

**MUST be filed not later than March 31** with the Arizona Department of Insurance. **DO NOT file diskette.**

**B. IF APPLICABLE:** Affidavit of Exemption from filing Actuarial Opinion and copy of the Arizona Insurance Department's Approval letter.

**C. FORM E-PC.350** Producer Controlled Property and Casualty Insurance.

**D. FORM E-PC.INDINS** Report of Policies Issued to Industrial Insureds, IF APPLICABLE

**E. ADVERTISEMENT OF DISABILITY INSURANCE COMPLIANCE - A.A.C. R20-6-201(R)(2) IF APPLICABLE**

Each insurer engaged in the advertisement of policies defined in A.A.C. R20-6-201(A)(2) must file with the Annual Statement a certificate executed by an authorized officer of the insurer which attests that the advertisements which were disseminated by the insurer during the preceding calendar year complied or were made to comply with the provisions of the Arizona insurance laws to the best of his/her knowledge, information and belief.

**5. TITLE INSURER**

**A. IF APPLICABLE:** Affidavit of Exemption from filing Actuarial Opinion and copy of the Arizona Insurance Department's Approval letter.

**B. CERTIFICATE OF DISCLOSURE FORM E-178 PART D** must be answered yes or no.